



DMV USE ONLY

O/S DL #/STATE

TECH INITIALS

LAST NAME OR LESSOR OR BUSINESS NAME	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
LAST NAME, OR LESSEE	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
LAST NAME, OR LESSEE <input type="checkbox"/> AND <input type="checkbox"/> OR	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
RESIDENCE OR BUSINESS ADDRESS (Include St., Ave., etc.)	APT./SPACE NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE
LESSEE ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE
ADDRESS WHERE TRAILER IS LOCATED (If Different From Above)		CITY	STATE	ZIP CODE

NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL			ELECTRONIC TITLE NUMBER	
BUSINESS OR RESIDENCE ADDRESS	APT./SPACE NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE

MILES/KILOMETERS AT TIME OF ENTRY <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -10px; width: 20px; height: 20px; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div> <div style="margin: 0 5px;">(no tenths)</div> <div style="margin: 0 5px;"><input type="checkbox"/> Miles</div> <div style="margin: 0 5px;"><input type="checkbox"/> Kilo.</div> </div>	PURCHASE PRICE OR MARKET VALUE (IF GIFT, OR TRADE)	DATE YOU PURCHASED OR ACQUIRED VEHICLE Mo. _____ Day _____ Yr. _____
DATE VEHICLE ENTERED CALIFORNIA Mo. _____ Day _____ Yr. _____	DATE YOU WENT TO WORK IN CALIFORNIA OR BECAME A RESIDENT Mo. _____ Day _____ Yr. _____ (whichever occurred first)	

- A. Will this vehicle be used to carry people for hire (taxi, bus, etc.)? ☐ Yes ☐ No
- B. Are you now or have you within the last three years been on active duty with the U.S. Armed Forces? ☐ Yes ☐ No
- C. When you acquired this vehicle were you on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, print name of state or country where stationed _____

The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to §1805.21 of the Civil Procedure Code.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

OWNER'S SIGNATURE X	DATE	DAYTIME TELEPHONE NUMBER ()
OWNER'S SIGNATURE X	DATE	DAYTIME TELEPHONE NUMBER ()

VERIFICATION OF VEHICLE
NOT TO BE COMPLETED BY APPLICANT